1		Effective October 1, 2001											
	·			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
ŀ	10	TAL CLAIMS							RATE	FEE]	RATE	FEE
7	70	\$ 		NUMBER	ILEB-	NUMB	A EXTRA	8/	cio rec	370.00	OR	BASIC FEE	740.00
	TOTAL CHARGEABLE CLAIMS			minus 20=		*		,	K \$ 9=		OR	X\$18= .	
	INDEPENDENT CLAIMS			minus 3 =					X42=		OR	X84=	
	MULTIPLE DEPENDENT CLAIM PRESENT							+	140=		OR	+280=	
I	* If the difference in column 1 is less than zero, ent					"0" in c	olumn 2	T	OTAL		OR	TOTAL	
1		C	LAIMS AS A	MENDED	D - PART II					-		OTHER	THAN
<i>\</i>		2625280 (117-279)	(Column 1) CLAIMS		(Colum			SMA	MALL	LL ENTITY		SMALL	
	ENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	AMENDMENT	Total	. 19	Minus	* 2	2		>	(\$ 9=		OR	X\$18=	
	AM	Independent	NTATION OF MI	Minus	*** S	CLAIM	<u> </u>	>	< 42=		OR	X84=	16800
	لبا	·	·	DETIFIE DEF	ENDENT	CLAIM		+	140=		OR	+280=	
					4			ADD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	1685
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							_					14
	AMENDMENT B	χ.	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
1	ND	Total	*	Minus	**		= .)	(\$ 9=		OR	X\$18=	
	AME	Independent FIRST PRESE	* NTATION OF MU	Minus	***	CLAIM	=	>	(42=		OR	X84=	
					CHOCH	00 11111		-+	140=		OR	+280=	
ı					<u> </u>			ADI	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
Ī		(Column 1) (Column 2) (Column										ADDIT. I CE	
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	F	IATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	ND	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	AME	Independent	*	Minus	***	01.4445	=	<u> </u>	(42=		OR	X84=	
	<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		I -	440	·	1		
٠	*	If the entry in colu	mn 1 is less than ti	ne entry in colu	mn 2, write	"0" in col	umn 3.	, L	140⊨ TOTAL		OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate be										TOTAL ADDIT. FEE			
		The 'Highest Nun	nber Previously Pa	id For" (Total or	r Independe	nt) is the	highest number	er found	inth app	propriate box	(in col	umn 1.	
1	FOR	APTO-875 (Bev 8)	n				·			nadi Office III			

PATENT APPLICATION FEE DETERMINATION RECORD

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		Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN	
FOI		NUMBER		NUMBER EXTRA		RAT		FEE	ſ	RATE	FEE
		a inde district	NE desire fra					345.00	OR.	. Take 2	690.00
<u> </u>		3.0	7 minus 20	I .	A CONTRACTOR		X\$ 9=		OR	X\$18=	36
	AL CLAIMS		minus 3	- 					X78=	Jy	
	PENDENT CL/		-	=	X39=			OR	770-	<u>·</u>	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT	+130=			OR	+260=			
• If t	he difference i	TOT	TOTAL		OR	TOTAL	72kg				
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						LL E	NTITY	OR	OTHER SMALL	
۲ کا کا		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total	AMENDMENT	Minus	**	=	X\$	9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	=	X3:)=·	•	OR	X78=	
AM		NTATION OF MU	JLTIPLE DEPE	NDENT CLAIM					1 .		
						+13			OR	+260= TOTAL	
		100				ADDIT	FEE.		OR	ADDIT. FEE	
	(Column 1)			(Column 2)	(Column 3)			1		LADDI	
ENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MA	Total	*	Minus	**	=	X\$	9=		OR	X\$18=	
AMENDM	independent	•	Minus	***	=	Х3	9=		OR	X78=	
Ā	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM					1	200	
							30= OTAL		OR	TOTAL	<u> </u>
							. FEE		OR	ADDIT. FEI	
L	(Column 1) (Column 2) (Column 3								7		1 1001
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
AMENDMENT	Total		Minus	**	=	X	9=		OF	X\$18=	
VEN	Independent	1.	Minus	***	=	x	 39=		OF	X78=	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			Л	┛┡		-	1	000	1	
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						30=		OF	TOTA	
Ι.	* 14 the "Highest N	lumbar Previously	Paid For IN THI	S SPACE IS less to	ian 20, enter <i>2</i> 1	O." ADDI	TOTAL T. FEE		OF	ADDIT. FE	EL
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the applications.								ppropriate l	oox in	column 1.	